

MARGIN RESERVED FOR BENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Abbeville</i>		STATE OF SOUTH CAROLINA.		17	
Township of <i>Calhoun Mills</i>		Bureau of Vital Statistics			
Inc. Town of <i>Willington S.C.</i>		State Board of Health			
City of		Registration District No. <i>107</i>		Registered No. <i>1</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>George William Covin</i> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>January 3rd 1915</i>	
<i>To be answered only in case of Twins or Triplets</i>					
FATHER.			MOTHER.		
(8) FULL NAME <i>William Oscar Covin</i>			(14) NAME BEFORE MARRIAGE <i>Edith Miller</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Willington S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Willington S.C.</i>		
(10) COLOR OR RACE <i>white</i>		(11) AGE AT LAST BIRTHDAY <i>47</i>	(16) COLOR OR RACE <i>white</i>		(17) AGE AT LAST BIRTHDAY <i>35</i>
(12) BIRTHPLACE <i>Near Willington S.C.</i>		(18) BIRTHPLACE <i>S.C.</i>		(19) OCCUPATION <i>House wife</i>	
(13) OCCUPATION <i>Merchant &amp; Land Lord</i>		(20) Number of children born to mother, including present birth { <i>2</i>			
(21) Number of children of this mother now living, including present birth { <i>1</i>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Born alive</i> at <i>6:00</i> ..... A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>A. J. Cade M.D.</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>Physician Willington S.C.</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed <i>Jan 8 1915</i> (28) <i>W. H. Andrews</i> Local Registrar		
Registrar			Local Registrar		

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.